FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
This is an initial* Statement of Organization	Reset Form	(Rev. 10/2009)	ORGANIZATION
☑ This is an amended* Statement of Organization * Statement must be filed within 10 days of committee accepting contribution		For Office Use 0	Only (3/97)
incurring debts exceeding \$750. Amendments must be filed within 30 days	of a change	Comm.#	
Effective January 1, 2010, all statements and reports filed by new committee	es for state office must be filed	Indexed MWV	
electronically and effective January 1, 2012, all statements and reports filed must be filed electronically.	by all committees for state office	Computer	
Effective May 1, 2010, all statements and reports for State PACs and State	Parties must be filed electronically.		
COMMITTEE NAME $\downarrow \downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name			
put old name in (). Webster County Democrats Central Committee			
Wooden County Democrate Committee			
IMPORTANT: Indicate type of committee you are reporting for: 4			
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC			
(10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)			
Name \	Name V IV		andidate's committee)
Name Diana Petraline	Lilia Geopte	<u>ct</u>	
Mailing Address ↓ ↓ /公+ 9th Av N	Mailing Address + + 5t	N(i)	
City, State ↓ ↓ Zip Code ↓ ↓ Fort Dodge TA 50501	City State ↓ ↓ Zip Code ↓ ↓		
Fort Dadge TA 50501	Ft. Dodge, Ia	5050	/
Phone (515) 408-4054	Phone (575)_570-50	17	
e-Mail d.petraline@notmail.com	e-Mail <u>geopferte</u>		
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	typicate for hallot issu	19(6)
Comment or description:		vocate against ballo	
All Candidates Enter:	County/Local Candidates a		
Office Sought:	County:		
Political Party (if applicable)	(If active in multiple ballot issu	ue elections, attach li	st of counties
District:			
District: Year Standing for Election:	Date of Election:		
District: Year Standing for Election: Bank Account Name (must match committee name)	Date of Election: or Proceedings of Procedings of Proce	arent Entity (PACs.	if applicable).
District: Year Standing for Election:	Date of Election: or Proceedings of Procedings of Proce		if applicable).
District: Year Standing for Election: Bank Account Name (must match committee name)	Date of Election: Candidate name & Address or P.	arent Entity (PACs.	if applicable).
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District: Year Standing for Election: Bank Account Name (must match committee name) ↓ ↓ Name of Financial Institution/type of Account ↓ ↓	Date of Election: Candidate name & Address or P.	arent Entity (PACs.	if applicable).
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